# ARKANSAS CENTRAL CANCER REGISTRY "LET'S GET STARTED"

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TYPES OF REGISTRIES

- Hospital-based Registry

- Population-based Registry

- Special Cancer Registries

  – A cancer registry is an information system designed for the collection, storage, management and analysis of data on persons with cancer, usually covering a hospital or group of hospitals

MORE REGISTRY DEFINITIONS

- Central Cancer Registry is a population-based registry

- Cancer Registry show incidence trends
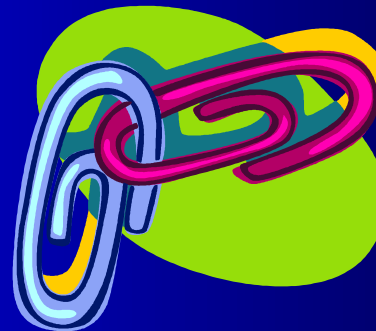
DEFINITIONS & CATEGORIES

- Cancer Registration
- Cancer Data
  - Patient Demographics
    - Paient's name
    - Age
    - Gender
    - Race
    - Ethnicity
    - Birthplace resident, etc

CANCER IDENTIFICATION

- Primary site of malignancy

- Cell type

- Extent of disease

- Dates and results of procedure

CATEGORIES – CONT'D

- Treatment
  - Dates and treatments
  - (surgery, radiation, chemotherapy, hormone, immunotheraphy, others)
- Outcome
  - Date of first recurrence
  - Type of first recurrence
  - Date of last contact/death
 - Vital status
  - Cancer status

OUTCOME – CONT'D

- Following registry
- Follow-up source
- Next follow-up source

MAJOR OBJECTIVES OF A CANCER REGISTRY

- Identify and access all cases meeting the criteria for inclusion in the registry in a manner that allows useful retrieval of data

- Develop and implement a quality control program that will ensure data of impeccable quality

- Disseminate the data while maintaining the patient's confidentiality
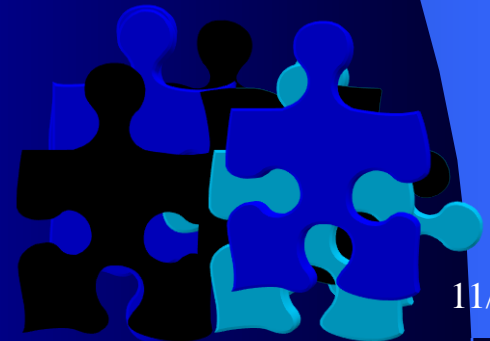
BASICS FOR CANCER REGISTRATION

- Casefinding – A system for locating every patient-in/outpatient who is diagnosed and/or treated with a reportable diagnosis
  - Active – Registry personnel retrieve and screen all source documents (disease indices, path reports, etc) to identify reportable cases
  - Passive – Other departments notify registrar of potentially reportable cases

CASEFINDING – CONT'D

– Combination active/passive – Registrar decide the amount of passive case identification should be performed and which departments can provide high-quality casefinding information – method more complete cases and reduces labor cost of the registry

BASICS- SUSPENSE FILE

- Suspense File – Contains information on cases that are potentially reportable
  - Patient name
  - Patient identifier
  - Date of diagnosis
  - Date of first contact
  - Primary site
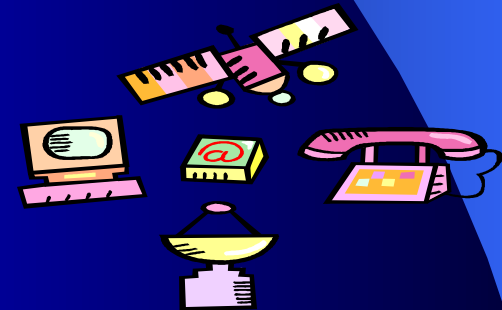
SUSPENSE FILE – CONT'D

Non-Reportable Cases

    Before reference date

    Lab test only, no treatment

    Non-analytic cases

    Consultation "only"

BASICS – ABSTRACTING

- Abstract – Required data to be collected
  - Patient identification
  - Cancer identification
  - Date of Diagnosis
  - Stage of disease at diagnosis
  - First course of treatment
- Ambiguous Terminology

  Terms used to assist with vague or inconclusive diagnostic terms

CASES TO BE ABSTRACTED

- All diagnoses that mention the morphologies listed in your ICD-O 3rd edition, pgs 69-104

- Reportable List – a list intended to assist in casefinding activities using ICD-9-CM codes

- Class of Case – (pgs 83-84 FORDS) analytic cases – coded 0-2 and non-analytic cases coded 3-9

- Timeliness of Reporting

DIAGNOSIS

- Clinical – Physician states it is cancer
    - Following physical exam, the physician will first state an impression, tentative diagnosis or differential diagnosis

  ⬜ Pathological – Examination of tissue or cells

   The most common and accurate methods of diagnosing cancer include microscopic examination of tissue or cells

FOLLOW-UP

- Follow-up – Updating the abstract at least once a year for every **living** patient in the registry
- Follow-up letters

BASICS (continued)

- Quality Control – Procedure to ensure complete reporting of all reportable cases and to improve the quality of previously abstracted case
- Procedure Manual – Documents all phases of registry operation and procedures including those duties not related to collection or follow-up but are performed for registry
  - Job Descriptions/specifications
  - Budget preparation
  - Ordering supplies, etc
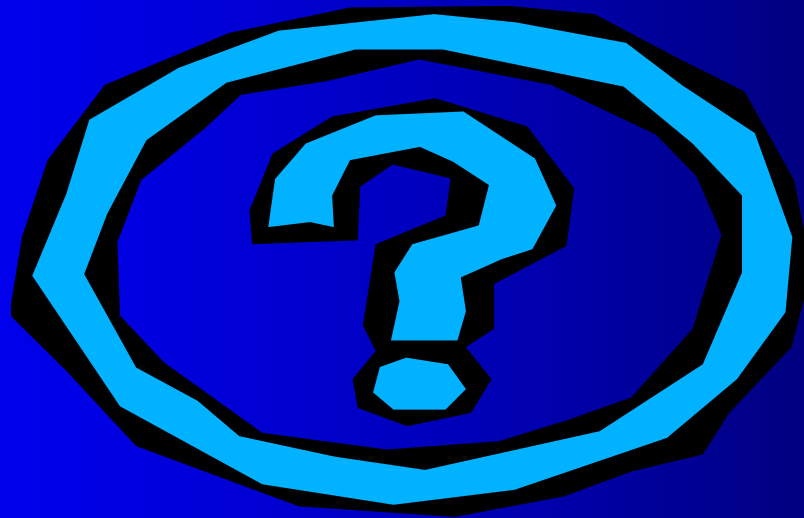 - Outcomes
  - Case Administration
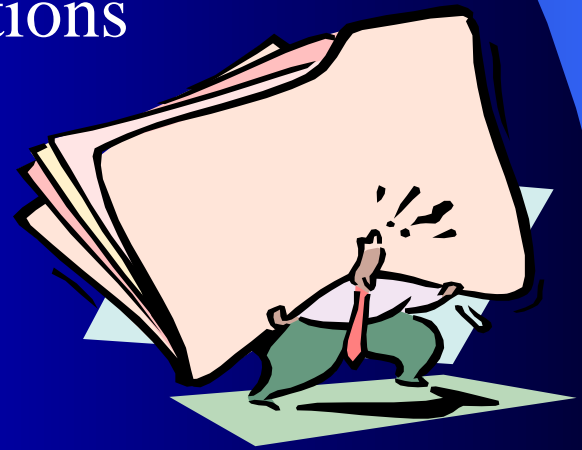
TRAINING

- Training of the registry personnel at all levels is an important aspect of the cancer registry's operation.

- Formal, continued training courses recommended

- Change is a constant

- Retain registry staff

QUESTIONS????

ARE THERE ANY

MORE HELP AND INFORMATION

ACCR website

http://www.healthyarkansas.com/arkcancer/arkcancer.html

www.training.seer.cancer.gov

www.ncra-usa.org

www.ssdi.geneology.rootsweb.com

www.ancestry.com/search/rectype/vital/ssdi/main.html

National Obituary Archive

www.arrangeonline.com